

**EMERGENCY MEDICAL SERVICES ADVISORY COUNCIL**  
**March 12, 2003**

**Members/Alternates Present:** Ms. Barbara Aras, Ms. Marlene Atkins, Mr. Richard Bailey, Mr. Jesus Cepero, Ms. Terry Clancy, Mr. James Davidson, Mr. Robert Dinetz, Mr. Robert Hansson, Mr. Kevin Hayden, Ms. Nancy Kelly-Goodstein, Dr. Steven Marcus, Mr. Richard Matzer, Mr. Mickey McCabe, Ms. McKean-Kelly, Ms. Debbie Murante, Dr. James Pruden, Mr. Craig Reiner, Mr. Robert Resetar, Mr. Thomas Starr, Mr. Fred Steinkopf, Ms. Deborah Timpson, Dr. Jennifer Waxler, Ms. Susan Way

**Members/Alternates Absent:** Senator Palaia, Dr. David Livingston, Mr. Donald Murray, Ms. Sue VanOrden

**DHHS Staff Present:** Mr. Victor Carter, Mr. Robert Clawson, Mr. William Dougan, Mr. William Duffy, Ms. Karen Halupke, Mr. Don Roberts, Mr. Samuel Stewart, Ms. Linda Taglairino, Mr. Christopher Tams

Dr. Jennifer Waxler called the meeting to order at 10:10 a.m.

Susan Way introduced Kevin Hayden. Mr. Hayden stated the Commissioner is concerned about the entire health system. It is important to build relationships. Ms. Way announced that the Office of EMS is going to be reorganized under Mr. Hayden and Dr. Stuart Weiss who are heading up a new unit within the Department focusing on preparedness. Mr. Richard Matzer thanked the Council for the opportunity to work with Emergency Medical Services (EMS).

Minutes from December 11, 2002 meeting were approved.  
Motion to accept. Seconded. All in favor.

**BY-LAWS**

No meeting. No report.

## **EMS COMMUNICATIONS COMMITTEE**

National Emergency Number Association (NENA) Annual Conference to be held April 7 & 8 in the Hanover Marriott.

Mr. Lou Sasso stated that 83 of the 84 acute care hospitals have the 800 MHz radios installed. Attention is now focused upon working out the “bugs” with the remote devices in the emergency department. Daily radio checks across the state were started March 1. The target goal is 100% response to the radio checks.

Mr. Robert Resetar stated the MICU radios are in the near final phases as far as adding agencies, with eighty percent complete. Work is being done with Gloucester and Camden Counties to get them functional, which will give 100% MICU coverage in all the dispatch centers.

Motion to accept. Seconded.

Discussion: Mr. Hayden stated that two radio systems would be installed in the VA hospitals. The Department of Health and Senior Services (DHSS) is also going to purchase an encoder. The cost is approximately \$80,000.

## **BASIC LIFE SUPPORT (BLS) COMMITTEE**

No meeting. No report.

## **EMERGENCY MEDICAL TECHNICIAN (EMT) TRAINING FUND**

Mr. Robert Dinetz stated initiatives were voted on to take money from the training fund and use them towards seminars that have not traditionally been approved. Monies will be utilized to bring out-of-town speakers for different programs. A recurrent issue discussed at all the meetings is that the EMT Training Fund Act does not provide for all avenues to utilize monies for a variety of related purposes. There is a need to recommended changes to Legislators to amend the Act to make it a more user friendly.

Mr. Steinkopf stated there were two proposals for upcoming seminars. There will be a two-day mass casualty incident workshop limited to 160 people at the Middlesex County Fire Academy in Sayreville on April 26 & 27. Volunteers may attend free and non-volunteers will be charged \$70. A workshop on legal issues in EMS will be conducted on May 31 and June 1, also tentatively scheduled for the Middlesex County Fire Academy in Sayreville.

Mr. Steinkopf stated the NJSFAC is looking at the training fund act. Recruitment is one of the focus areas of the Act, now is the time to look at active funding of recruitment efforts. Future proposals for Act funding will include courses to be offered at the NJSFAC October convention. There will be approximately 40 classes offered in October. The Annual Convention will also celebrate the NJSFAC's 75<sup>th</sup> anniversary.

Ms. Debra Murante stated they are moving \$5-million from the EMT Training Fund. Initial information was that the \$5-million was being moved into the hospital setting for weapons of mass destruction training and education for hospital personnel. But recently she received information, but has not had time to confirm it, that the money was moved by the Commissioner and not by Governor McGreevey for the budget shortfall. Ms. Murante stated that the EMT Training Fund Council could have done more with the money if not so restrained by the current language of the Act. Mr. Steinkopf stated that during a meeting with Mr. McCormack from the Department of Treasury it was suggested that Commissioner Lacy moved the money, not the Governor, as an initiative directly from the Department rather than a budget-balancing move. Ms. Way and Mr. Hayden stated that to the best of their knowledge the proposal came from the Governor's office. Mr. Hayden stated he would try to obtain the correct information and relay his findings to Dr. Pruden. Mr. Hayden also stated that he would be willing to track down factual information for the Council if "rumors" surface in the future. Mr. Steinkopf stated it would be a benefit if the Commissioner could meet with the leadership of the NJ State First Aid Council.

Motion to accept. Seconded.

## **NJPIES**

Dr. Marcus reported next week (March 16-22) is National Poison Prevention Week. This year's theme is Children Act Fast, So Do Poisons. Mrs. McGreevey is acting as state spokesperson for this year's celebration in NJ. She participated in audio public service announcements (PSAs) in both English and Spanish and they have already begun running. The National Poison Prevention Week Council has obtained a grant from Lifetime television and a video PSA has begun being run on that cable station.

NJPIES held their awards ceremony. The winners of the annual school children coloring and poster contests were given awards. Also, the children received commendations from the Department of Health and Senior Services, the Department of Education, the Assembly and Senate. Over 25 legislators were in attendance to share the moment with the children and their families.

The call volume for certain geographic areas of the state has always seemed below expected rates. In response to this, NJPIES has hired a full time epidemiologist to help explore the reasons for call discrepancies and to work with the educators to enhance input into the communities. The areas looked at were those with the lowest call volume per population. Findings indicate that the higher the population density and the greater the Spanish speaking population, the lower the call volume per capita. The next step is to develop focus groups to ascertain the barriers to care. A recent article in one of the emergency medicine journals suggested that the Spanish translation for poison control might suggest to citizens that they should only call for bites and stings. This possibility has been addressed in Mrs. McGreevey's PSA.

NJPIES is planning a saturation campaign of educating health care providers in Union County to see if such a campaign will have a positive impact on call volume. If this strategy is productive, the campaign will be duplicated in other areas.

As a healthcare community, we should look at ways to prove efficacy in prevention, and not just focus on responding to crises.

Motion to accept. Seconded. All in favor.

Discussion: Dr. Jennifer Waxler stated a lot of good information was sent by NJPIES and that Roberta Swenson has been a nice addition to the staff. Mr. Mickey McCabe asked if there is a fee to call the poison control number. Dr. Marcus stated it is a toll free number.

## **NJOEM**

Mr. Hansson thanked everyone for their cards, letters, phone calls and get well wishes from when he had his surgery. EMS Hazmat and Weapons of Mass Destruction (WMD) courses will be available for presentation soon. OEM is about ready to pilot the revised EMS Advanced Course, which is a technician level course for EMS providers. The current Hazmat technician course was 80 hours; the new program will be 40 hours. The hazardous material emergency preparedness grant program is accepting applications from municipalities or organizations, to fund planning activities and exercises that have to do with Hazmat response. Mr. Hansson has the contact name and phone number if anyone is interested in applying. OEM is fully involved with training, mostly in the Hazmat and WMD arena for EMS personnel and emergency responders.

Motion to accept. Seconded. All in favor.

## **NEW JERSEY STATE FIRST AID COUNCIL (NJSFAC)**

Mr. Steinkopf said he is concerned about the Commissioner taking \$5-million from the EMT Training Fund and giving it to Mr. Hayden's group. Mr. Steinkopf stated he tried, without success, to talk to staff in the Commissioner's Office, so they will now be seeking legislative relief. There is money in the training fund because it has not been spent for recruitment. The law does not allow them to do that. The volunteers risk losing their existing infrastructure if action is not taken for recruitment initiatives. The loss of the volunteer infrastructure could cost the state \$150-million. NJSFAC is concerned and will be investigating other options. The NJSFAC is working on recruitment and retention programs. This year the NJSFAC will kick off their 75<sup>th</sup> anniversary celebration at the upcoming October annual convention. The convention in October will offer a large number of training opportunities.

Motion to accept. Seconded.

Discussion: Dr. Waxler asked if a survey had been conducted to determine the potential causes of why trained individuals leave the field, and why recruitment was so difficult? The possible solutions could include a regionalized response approach for daytime calls, which is working very effectively in Bergen County; scholarship program; and continuous quality improvement. Funding is necessary to train people to learn how to effectively recruit. Mr. Hayden stated that he has been one of the strongest supporters of the NJSFAC and he looks forward to a good working relationship. Mr. McCabe asked for clarification from Mr. Steinkopf regarding saving the state \$150-million. Mr. Steinkopf stated the savings would be to the citizens of the state. If the volunteer BLS agencies switch to a billing format, it will cost the citizens \$150-million a year for ambulance services. Mr. Steinkopf also stated that the insurance companies would then have to pay for BLS services, but ultimately, citizens pay the insurance companies back through increased premiums. Mr. McCabe said we don't have decreased premiums because we are saving insurance companies \$150-million. If a billing mechanism were put in place, it would be the insurance companies paying the bills, not the state or the citizens. Dr. Waxler suggested that this topic be directed to the Blue Ribbon Panel.

Motion to accept. Seconded. All in favor.

### **EMERGENCY MEDICAL SERVICES FOR CHILDREN (EMSC)**

Ms. Nancy Kelly-Goodstein reported the last EMSC meeting was February 25. The 2003 meeting dates are May 13, September 16 and November 18, at the NJ Hospital Association, Alexander Road, Princeton, 10 am - 12 pm. Minutes of the meeting will be posted to the Department's website ([www.state.nj.us/health/ems](http://www.state.nj.us/health/ems))

The 4<sup>th</sup> Annual EMSC Conference is planned for Sunday, May 18 and Monday, May 19, 2003, at the Ramada Inn, Monmouth Street, East Windsor. The cost of the program will be \$35 for a single day and \$70 for both days. The conference brochures will be in the mail to past attendees and all EMS organizations by month's end. The registration deadline will be May 5, and we cannot accommodate on-site registrations.

OEMS received its Notice of Grant Award from the federal government for 2003-2006. The initiatives include the annual conference, the semi-annual EMSC newsletter, a series of school nurse in-services, first aid, CPR, injury prevention, and AED train-the-trainers for school personnel.

The EMSC Advisory Council is formulating recommendations for the education, medical oversight and administration of EpiPens by EMTB's for pediatric patients. Additionally, current initiatives include developing a recommended minimum medical equipment list for schools, the mailing of the spring edition of EMSC newsletter, and working with Union County Prosecutor's Office on public education prevention program for Shaken Baby Syndrome.

The Mid-Atlantic EMSC Conference is scheduled for June 4-6, 2003 in Washington, DC. Anyone interested in attending should contact Ms. Kelly-Goodstein for registration information.

Motion to accept. Seconded.

Discussion: It was suggested to include school nurses with disaster planning. Ms. Marlene Atkins suggested looking at terrorism disaster training to include a scenario of hostages on school buses. Ms. Kelly-Goodstein stated that NJ EMSC recently developed a planning document for disaster preparedness childcare centers. Currently, childcare centers are required to have an evacuation plan and fire extinguishers. The recently developed planning document was created using the existing planning documents developed for schools as a template. Mr. Resetar stated he participated in a Youth Leadership Group, which is a new program that the Ocean County Fire Marshals brought to the state. Youths, ages 16 to 18, came from various fire and first aid squads. It would be a great recruitment and retention for both paid and volunteer. They are exposed to many branches of emergency services. Mr. Resetar asked if there is funding to help offset this cost. Ms. Kelly-Goodstein stated she did not know of any funds, but perhaps Ocean County could write up their experience in the form of a grant application if monies become available. Brochures for the upcoming conference will be mailed to all school nurses.

Motion to accept report. Seconded.

## **OPERATIONS & FINANCE**

Mr. McCabe stated there is serious concern raised relative to EMS and lack of funding as it relates to personal protection equipment, training and money for training. It has been stated that we are unprepared to deal with weapons of mass destruction, especially with those affecting bridges and tunnels because of the lack of personal protection equipment and the training thereof. Mr. McCabe met with Congressman Mendez and he is equally concerned and understands there is a lot of money that has not been allocated by the Whitehouse. EMS, as a whole, has concerns about being prepared, properly equipped and trained due to lack of funding.

Motion to accept. Seconded.

Discussion: Mr. Steinkopf stated there is some sort of funding for \$600-million the Feds are releasing that the states have to apply, but the contingency is that 80% has to be passed through to the actual units. Mr. Hayden stated the monies are part of the Homeland Security Bill from which NJ gets slightly over \$14-million. That money will include \$9.4-million for equipment, training and exercising. Mr. Hayden recommended that we develop an application for the EMS community. EMS needs to be recognized for training and equipment needs. The overall breakdown for NJ is \$9.9-million for equipment, \$2.5-million for exercises, \$749-thousand for training and \$998-thousand for planning. A proposal needs to be developed that will bring the EMS community into the

loop. Mr. McCabe to spearhead this committee. A meeting with Dennis McNaulty is needed as soon as possible. The grant is being sent to NJ Law & Public Safety, as the grant coordinator. Ms. Atkins stated there is a need for training and money for other equipment. Mr. Hayden stated with his conversations with Commissioner Lacy, he asked if we are prepared. Mr. Hayden stated we will never be successfully prepared until we get the training and equipment to the first responders. Mr. Hansson stated the fire chiefs also report an increased demand and they don't have equipment to respond adequately. Mr. Hayden looks forward to developing standards for the EMS community, as he is committed to training and equipment to the first responders.

The bill was passed permitting EMTBs to carry and administer EpiPens to patients suffering from anaphylaxis. Mr. Steinkopf added that the law authorizes the MICU Advisory Committee, with consultation with the NJSFAC, to develop protocols for the administration of epinephrine via the EpiPens. The Commissioner has to write the enabling regulations.

The medications, Atropine and 2PAM, are not considered to be controlled dangerous substances. Ms. Halupke stated a waiver was given to BLS from Jersey City Medical Center (JCMC) and University of Medicine and Dentistry of NJ (UMDNJ) to allow EMTs to carry MARK1 kits with auto injectors to administer to each other or themselves in the event of an exposure. MICUs have been carrying MARK1 kits without a waiver. Ms. Aras asked when the waiver was given to JCMC and UMDNJ, why it wasn't given to all EMTs? The waivers were issued within the last few months, after OEMS received a request from both agencies.

Dr. Pruden made a motion that all EMT-Bs should be permitted to carry the MARK1 kits.

Vote table for motion. All in favor.

### **MICU ADVISORY COUNCIL**

Dr. Pruden stated the Blue Ribbon Panel is tasked with how to redesign emergency medical services in New Jersey. There is no uniformity in dispatching; some areas are without a designated coverage unit. The system, as a whole, is a good system. The National Highway Traffic Safety Association (NHTSA) study was reviewed for ideas of how to move forward. A federal agency sent a letter stating to be prepared for cyanide poisoning. A demonstration of several types of masks available for use, and that historically, two people died from scud missiles and nine people died from improper use of the masks. Mr. Marty Hogan (Hunterdon Medical Center) gave a report on the training and use of the Laryngeal Mask Airway (LMA) by EMTs. To date, there were six cases in which the LMAs were used, and used successfully. There have been 12 LMA training programs conducted so far. JemSTAR reported 3100 calls for the helicopter.

Motion to accept. Seconded. All in favor.

Discussion: Mr. Steinkopf stated with the LMA study ending in April, they are looking for a fast track approval to move the LMA skill statewide upon completion of the study. Mr. Dinetz stated that OEMS received a letter from Mr. Tom Hoffman (Hunterdon Medical Center) indicating that the pilot study may be extended due to the small number of cases to date. (Copy of letter attached.) Ms. Aras recommended the expansion of the pilot study to an urban and suburban area to potentially increase the number of cases in the study. Dr. Pruden stated the need to develop the minimum number of patients for the LMA study.

Motion to accept. Seconded. All in favor

## **LEGISLATIVE**

Ms. Aras stated she would ask Mr. Howard Meyer to present the report in the future. Mr. Steinkopf stated there are two or three bills introduced to permit EMTs to administer Glucagon. The NJSFAC does not support this proposed legislation. Ms. Way stated there are two bills pending regarding the administration of Glucagon, one for school nurses and a separate bill for EMTs. A.1775, which reorganizes the fire service, has passed, with all references to ambulance and/or EMS removed. Another proposed bill would remove the residency requirement for municipal emergency management coordinators, and make that position a paid appointment. Mr. Hayden discussed the updating of the emergency management act, and opposing the bill for other reasons. Mr. Resetar stated there is no change in the composition of the wireless committee. The NJ EMS Council sent a letter to the Attorney General's Office but to date, there has been no response. Mr. Hayden added that he had reviewed the proposed wireless legislation; noting the absence of representation of the Department, volunteer EMS and volunteer fire. Mr. Resetar represents the EMS Communications Committee. The Communications Committee has a representative from the NJSFAC (Leroy Gunzelman). NJSFAC wants a representative added to the wireless committee as well.

Motion to accept. Seconded

## **PROFESSIONAL EDUCATION**

Mr. Dinetz reported the OEMS Education/Certification section staff completed its annual EMT-B instructor- training program on March 9, 2003. Forty-eight attended and 45 successfully completed the course requirements for instructor certification. Pending completion of the remaining instructor hours (90), candidates will receive their EMT-B instructor certifications.

OEMS Education/Certification section staff held EMT-B Coordinator/Sponsor meetings on March 1 & 2, 2003. The purpose of these meetings was to complete the required paperwork for each course-sponsoring agency to receive \$15,000 from the EMT Training Fund. These monies will be designated for program improvements associated with the basic training effort.



As reported at the December meeting, the new course entitled: Geriatrics for Emergency Medical Services (GEMS) was held at the Robert Wood Johnson University Hospital this past December. Mike Pante, member of the GEMS Steering Committee, coordinated the program.

As a follow-up, the American Geriatric Society, Jones & Bartlett Publishing and the National Association of State EMS Training Coordinators sponsored a national rollout of the GEMS program in Chicago, in January 2003. Representing New Jersey along with Mr. Pante was Mr. Mike Reilly of the St. Barnabas Healthcare System. Mr. Reilly and Mr. Pante will assist OEMS in the rollout process for the State of New Jersey. OEMS, with their assistance, will initiate a statewide implementation of this program for both basic life support (BLS) and advanced life support (ALS) providers.

The LMA project continues to move along. As previously discussed, the attached letter represents the most up-to-date status of the project.

Motion to accept. Seconded. All in favor.

Discussion: Mr. Mike Reilly is a paramedic educator with Saint Barnabas Health Care System. His role will be an administrative one to assist in coordinating the GEMS program. Ms. Aras stated that the Medic Alert Foundation has a geriatric training program they will send to you at no cost. She offered to participate in the GEMS rollout initiative. Mr. Steinkopf stated the \$15,000 equipment grant is causing trouble for one of his districts due to a federal tax ID number issue. He requested that if sites are actively engaged in the process that they will not be penalized because of a time delay in getting ID numbers.

Motion to accept. Seconded. All in favor.

## **TRAUMA CENTER**

No report.

Dr. Pruden stated there was concern based on a letter from the Trauma Council about rapid sequence intubation (RSI) in the field. A delegation from the MICU Medical Advisory Board met with the trauma surgeons at their last meeting and, in fact, there was no uniform consensus by the trauma surgeons. The trauma surgeons present at the meeting voiced their primary concern with making sure the people have an ongoing training program for rapid sequence intubation and effective monitoring.

## **CAREER FIRE**

No report.

## **PUBLIC EDUCATION**

Two brochures on EMS (BLS and ALS) information to lay public distributed. Looking for comments.

Motion to accept. Seconded.

Discussion: Mr. Starr stated that term used is EMT-Paramedic.

## **OFFICE OF EMERGENCY MEDICAL SERVICES (OEMS)**

Ms. Way introduced Mr. Sam Stewart, Regulatory Officer, as the new attorney for OEMS. The BLS, ALS and critical care regulations are slated to go to the Health Care Administration Board (HCAB) next week. The anticipated publication date for the regulations is April 21. Nominations for EMS awards are being accepted through March 30. OEMS is being reorganized under Mr. Hayden and Dr. Weiss. Ms. Way is leaving as the director of OEMS and will be accepting a new position in the Department. She will be working with the pharmaceutical stockpile planning for DHSS. Ms. Way thanked everyone for helping and educating her over the last two years. Ms. Halupke will be the Acting Director for OEMS.

Motion to accept. Seconded.

Discussion: Dr. Pruden and Mr. McCabe thanked Ms. Way for her hard, diligent work, and stated it was a pleasure to work with her.

Motion to accept. Seconded

## **OTHER BUSINESS**

Dr. Pruden stated the Blue Ribbon Panel is charged by the Commissioner with finding a way to reorganize EMS in the State of New Jersey. The Commissioner wants a viable patient focused system. Some of the driving factors for change are reimbursement for ALS, decreasing availability of volunteers, and present regulations that are not consistent with CMS guidelines. The Panel does not include everyone or representation from every component of emergency medicine or people that are impacted by emergency medicine. The role of the Panel is to gather information within six months. There are three overriding principles: 1) quality of care services, 2) universal coverage/access, and 3) appropriate funding. The Panel broke down the categories that need to be addressed which are public recognition, hospital issues, finances, legislation, regionalization, etc. There are five major groups. They are regionalization, finances, quality, data and provider accountability.

Dr. Pruden asked those present at the EMS Council meeting, "If you looked at an ideal system, two years down the road, what would it look like? What will it have that this

system doesn't have? Or, what do you see as a major deficit in this system: What do you see broken and needs to be fixed?" Dr. Pruden opened the floor to discussion.

- Would like to see a system that does not have competition for areas of response. The closest MICU or BLS unit should respond. Appropriate response time with quality patient care.
- Always an emphasis on fixing the system but nothing on bringing people into the system. Need to encourage people to come into the system. Encourage, support, and develop plans for adequate staffing.
- Hospital divert problem, it has a direct impact on the system.
- Public education issue. Know when to use an ambulance. To know the different roles that people play.
- For volunteer EMTs, what is the career ladder? Do we need two paramedics on every call?
- Having two paramedics and two EMTs are a better scenario.
- Need a different screening on the dispatch system.
- Two paramedics build for public safety.
- In the beginning there was only one paramedic but had four or five EMTs to help.
- Two hands are better than one. There is no evidence nationwide that supports that method.
- Numbers and ratios exist to clearly support two paramedics.
- Need to look at multiple levels between EMTs and paramedics. Not eliminating the two paramedics but having a paramedic assistant. Have a volunteer incentive program (i.e., by putting in ten years and getting lifetime health benefits).
- Spoke to Dan Manz from Vermont OEMS. The national average lifetime of an EMT is 2.13 years. Need incentive for career and volunteer. The life span of a volunteer fireman is four years.
- When emergency rooms are designed, plan for the works. Committee should consider being consistent because there will be cases needing four hands.
- For rural area, the two-tier system in New Jersey works well. Have enough resources for two coverage areas. Think about rural areas and their unique needs.

- Do rural police departments carry AEDs?
- Service area covers four townships and only one township has its own local police. The local police were trained on AEDs, oxygen and first responder issues. State Police carry no equipment. To give State Police credit they are responding to medical calls in this area.
- What are the response times if you fall below a certain parameter, someone needs to step in and fix it. Instead of looking at response times to the patient bedside, should look at time from dispatch call to the unit to the time that a crew leaves that building. How soon is a crew on the way? Should doctors run the BLS squads? Should there be regionalization for the medical control for medics? Does each hospital have to have that kind of stuff?
- Redundancy in response. Too many people coming. It is not good for the patient. ALS in cities posed the question of why two paramedics are in a truck when you can get to a hospital in five minutes. Is it cost effective? We have no public relations for education.
- Concern about 9-1-1 and cell phones. You need to find the patient.
- The Message Security Task Force and the Office of Information Technology is putting \$16-million to do E-911 with cell phone calls, will cross-reference the GIS technology where as you pick up your phone today, it will give the house and number. Technology will be able to find the location.
- The 9-1-1 system is undergoing a major network upgrade. Probably in August they will be able to begin delivering 9-1-1 calls from cell phones to the 9-1-1 centers with longitude and latitude. Hopefully, beginning in August/September but carriers have until 2005 to comply.
- Need to get away from regulation and get more into protocol because of the length of time needed to make changes. Need to go to a system of peer licensure group made up of a board of people active in the field, for both paid and volunteer.
- What provides us to mandate what we do? Nothing set up to mandate EMS in towns.

Dr. Pruden stated there has been some concern about membership on the Panel. If you are a member of a group not represented on the Panel, go back and get input. What solutions are you suggesting? Don't wait until the next Council meeting. Email Dr. Pruden at [prudenj@sjhmc.org](mailto:prudenj@sjhmc.org).

## **PUBLIC COMMENT**

Ms Kelly-Goodstein stated there is a flyer at the desk about a mass for EMTs at the Cathedral Basilica at the Sacred Heart in Newark. EMS providers from across the state are invited to attend.

## **CLOSING**

Dr. Pruden recognized Allentown First Aid Squad for hosting our meetings. The next meeting is June 11, 2003. The meeting was adjourned at 12:45 p.m.